



PATENT  
450100-03546

2187  
6/A  
ELWm  
3-25-04

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Kenji YOSHINO et al.  
Serial No. : 09/982,668  
For : DATA PROCESSING DEVICE, DATA STORAGE DEVICE,  
DATA PROCESSING METHOD, AND PROGRAM  
PROVIDING MEDIUM  
Filed : October 18, 2001  
Examiner : Reba I. Elmore  
Art Unit : 2187

**RECEIVED**

MAR 23 2004

Technology Center 2100

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 19, 2004.

*for: GEDON KESSLER #36154*  
Dennis M. Smid, Reg. No. 34,930  
(Name of Applicant, Assignee or Registered Representative)

*Gedon Kessler*  
Signature  
March 19, 2004  
Date of Signature

**AMENDMENT**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of December 19, 2003, please amend this application as follows.



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New York, NY 10151

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Technology Center 2100

**Claims as Amended**

| (1)                                     | (2)<br>Claims remaining after<br>amendment | (3)   | (4)<br>Highest<br>number<br>previously<br>paid for | (5)<br>Present extra | (6)<br>Rate | (7)<br>Additional<br>Fee |
|---|--|-------|--|----------------------|-------------|--------------------------|
| Total claims                            | 22   | Minus | ** =22   | * 0 x                | \$18 (9)    | = \$ 0                   |
| Independent claims                      | 4  | Minus | *** =4   | * 0 x                | \$86 (43)   | = \$ 0                   |
| Total additional fee for this amendment |  |       |  |                      |             | \$ 0                     |

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ is attached, which covers the cost of ☐ additional claims \_\_\_\_\_ petition for extension of time.
- ☐ Charge \$ \_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Name of Applicant, Assignee or Registered Representative

Signature

March 19, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By: Dennis M. Smid  
Reg. No. 34,930  
Tel: 212-588-0800